(b) As per the W. H. O. priority areas for the biennial 1994-95 include :—

1. the health of man in a changing environment;
2. proper food and nutrition for a healthy life;
3. intergrated disease control as part of overall helath care and human development;
4. dissemination of information for advocacy and for educational, managerial and scientific purposes;
5. intensified health development action in, and support to, countries most in need.

(c) and (d) No, Sir. However, there is continuous interaction between Govt. of India and the W. H. O.

Import of Contraceptive Devices from American Company

2842. SHRI KRISHNA KUMAR BIRLA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that lakhs of contraceptive devices imported from an Amarican Company in Mid 1992 were found sub-standard and were released for the family planning programmes;

(b) whether it is also a fact that lakhs of contraceptives worth millions of dollars purchased from the same American Company earlier were also defective and sub-standard;

(c) if so, what is the estimated amount spent on the import of the contraceptives;

(d) whether any inquiry into the reasons for accepting and releasing the defective contraceptives has been made;

(e) if so, what are the details thereof; and

(f) whether any responsibility for the lapse has been fixed by Government ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) 21.70 lakh pieces of Copper-T received as commodity assistance from USAID in February-March, 92 were not found substandard.

(b) and (c) Between December, 90 and March, 91 components for assembling 5.25 million pieces of Copper-Ts were received by M/s. Hindustan Latex Ltd. (a Public Sector Undertaking) from M/s. Finishing Enterprises Inc., USA. As these were received as commodity assistance from UNFPA no financial expenditure was incurred by the Govt. of India on imports. Some of these components on test in India did not conform to the US-FDA approved Population Council standards as per terms of the agreement and, therefore, could not be used.

(d) to (f) UNFPA was requested to take back these components but regretted their inability to do so. A Technical Committee consituted under the Chairmanship of Drugs Controller (India) has after testing the components made recommendations that components which conform to BIS specifications may be used in the National Family Welfare Programme.

World Bank aid for AIDS

2843. SHRI H. HANUMANTHAPPA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it has come to the notice of Government that funds sanctioned to the States by the World Bank had not been utilised by them for controlling the AIDS;

(b) if so, whether any investigation has been made into it to find out the reasons why the States were unable to utilise this money on AIDS; and

(c) the names of the States which have failed to utilise the money sanctioned by the World Bank for the specific purpose of AIDS programme ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) to (c) Funds released to the various State Government and Union Territories under the National AIDS Control Programme could not be fully utilised by several of them due to the late start of the programme in 1992-93. All the financial sanctions have been revalidated to facilitate their use during the current year. According to the established procedure, expenditure actually incurred is reimbursed by the World Bank subsequently. Thus, the question of non-utilisation of World Bank funds does not arise.

Consideration of the Report for World Population by Government

2844. SHRI SHIV PRATAP MISHRA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that Government are considering the report titled "State of World Population, 1993" in connection with the migrations acquiring crisis dimension; and

(b) if so, the details thereof and to what extent Government have implemented its recommendations?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) Recommendations are broadly in consonance with the policies and ongoing programmes of the Government of India which *interalia* include provision of Family Welfare services; education & literacy programmes in rural areas; implementation of schemes for rural development; provision of services for the urban poor; investments for rural and urban areas development; promoting gender equality in access to assets and services; elimination of legal and cultural barriers to women's empowerment; strengthening of local institutions through decentralisation; involvement of non-governmental organisation; and promoting demographic research on migration.

These recommendations are addressed to the international community.

Agreement with Pharmaceutical Companies from Europe and US

2845. SHRI MOHINDER SINGH LATHER:
SHRI SATYA PRAKASH MALAVIYA:
SHRI ANANT RAM JAISWAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Pharmaceutical Companies from Europe and US have agreed to work together to facilitate early human effectiveness trials of combination drug therapies to fight AIDS and HIV infection;

(b) if so, what are the details thereof, country-wise;

(c) whether any Indian pharmaceutical company has been involved to work with them;

(d) if so, what are the details thereof stating the agreement held with US and Europe and the outcome thereof; and

(e) by when the work is likely to be started in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) It has been reported that a group of scientists have found that a combination of drugs can stop the Human Immunodeficiency Virus (HIV) from replicating its spread to other cells. This approach, known as Convergent Combination Therapy, aims at attacking the enzyme of the virus which is essential for its replication. Based on encouraging reports from laboratory studies, pharmaceutical companies in different countries are reported to have agreed to exchange information on drugs with the object of developing effective combination chemotherapy regimes.

(c) No, Sir.

(d) and (e) Do not arise.

Public Health Centres in Himachal Pradesh

2846. SHRI TRILOKI NATH CHATURVEDI:
DR. MURLI MANOHAR JOSHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of Public Health Centres (PHCs) in Himachal Pradesh and Rajasthan and the number of Centres where a doctor has not been available for the last six months;

(b) the percentage of budget of Public Health Centres spent on salaries and the percentage spent on medicines and providing other facilities to the patients during the said period;

(c) the percentage of rural population which has been actually using the facility of PHCs; and

(d) whether Government have formulated any scheme to associate non-government voluntary associations, gram panchayats and women's organisations to revitalise the functioning of PHCs?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) There are 223 Primary Health Centres (PHCs) in Himachal Pradesh and 1413 in Rajasthan. As per the information received from the State Governments, 6 PHCs in Himachal Pradesh and 7 PHCs in Rajasthan are without Doctors in the last six months.

(b) The percentage of expenditure incurred